

# Spring 2004 Tennis Leagues

70 E. Civic Center Drive, Gilbert, AZ 85296 • (480) 503-6200

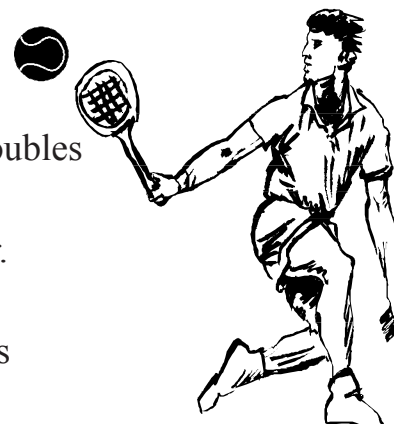


**LEAGUE DATES:** Leagues begin the week of March 21, 2004.

**DIVISIONS:** Men's and Women's Singles, Co-Ed Mixed Doubles

**LOCATION:** Freestone Park Tennis Courts, 1025 E. Juniper.

**LEAGUE FEE:** \$42 singles, \$28 doubles (per player) - Doubles participants must have partner to register.



**REGISTRATION:** There are three methods of registering for Adult Tennis Leagues: Touch Tone (503-6225), Mail-In, and Walk-In. Touch-Tone requires accounts to be set up prior to registration. Please call (480) 503-6200 for more information on how to set up your account. Forms for Mail-In registration can be found on the Town website at [www.ci.gilbert.az.us](http://www.ci.gilbert.az.us) under the Parks and Recreation Adult Sports page.

Registration Timeline			
Touch Tone	Mail-In	Walk-In	Leagues Begin
Begins 8am on 2/25	Begins 2/24	Begins 3/8	Week of 3/21

**LEAGUE LEVELS:** Players with average ability should register for a C "3/4" league, more competitive players should register for a B "4" league. Leagues do fill so register early. Players are permitted to play in as many leagues as they are interested in!

**SCHEDULE:**

USTA Ratings of Ability Levels	Code #	League/Ability Level	Start Date	Location	Time	Fee
B = "4" C = "3/4"	27622	Co-Ed Mixed "3/4" Doubles	Sunday, 3/21	Freestone	5pm	\$28*
	27628	Men's "3/4" Singles	Sunday, 3/21	Freestone	7pm	\$42
	27624	Women's "3/4" Singles	Monday, 3/22	Freestone	6pm	\$42
	27630	Men's "3/4" Singles	Monday, 3/22	Freestone	8pm	\$42
	27625	Women's "4" Singles	Tuesday, 3/23	Freestone	6pm	\$42
	27629	Men's "4" Singles	Tuesday, 3/23	Freestone	8pm	\$42
* Doubles participants must enroll together (mail-in) or seperately (Touch-tone). \$28 fee per player						

**MORE INFO:** Call the Gilbert Parks and Recreation Department at (480) 503-6200.

# GILBERT PARKS & RECREATION REGISTRATION FORM • ONE PERSON PER FORM!

Additional forms at [www.ci.gilbert.az.us/eservices/pdf/forms/parksregist.pdf](http://www.ci.gilbert.az.us/eservices/pdf/forms/parksregist.pdf) or photocopy this one.

Participant's name \_\_\_\_\_ ☐ Male ☐ Female Birthdate if under 18 \_\_\_\_\_ Grade \_\_\_\_\_

☐ New address

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ First & last name  
parent/guardian \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_ (email) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

T-shirt size — For Wrestling Camp only (Summer/Fall/Holiday) ☐ Youth M (10-12) ☐ Youth L (14-16) ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL

CLASS CODE#	NAME OF CLASS/ACTIVITY	DAY	TIME	FEE

## PARTICIPANT RESIDENCY

(Please indicate below)

☐ GILBERT RESIDENT

### NON-RESIDENT

☐ County/County Island

☐ Other \_\_\_\_\_

## Credit Card Payment

☐ MasterCard

☐ Visa

CC# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

(Please Print)

I agree to the terms and conditions of this agreement and waive all rights to charge back any amount on my card.

Authorized Signature \_\_\_\_\_

Please make checks payable to:

"TOWN OF GILBERT"

Mail to: Gilbert Parks &  
Recreation

ATTN: Registration  
70 E Civic Center Dr  
Gilbert, AZ 85296

TOTAL \_\_\_\_\_

One payment per family please

## FOR OFFICE USE ONLY

Date rec. \_\_\_\_\_ Staff \_\_\_\_\_

Check # \_\_\_\_\_ / \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_

Prev. Credit \$ \_\_\_\_\_ Credit Card \$ \_\_\_\_\_

Refund | Credit Acc | Credit Card \_\_\_\_\_

Date Issued: \_\_\_\_\_ By: \_\_\_\_\_

## Assumption of Risk & Release of All Claims & Notice

I allow my child, and/or myself, to participate in this program. We release the Town of Gilbert and its employees of any liability, claims or demands, which we may have hereafter have as a result of participating in recreational activities, using recreational facilities, or being transported to events as part of this program. I understand that the Town of Gilbert has no medical insurance for this program. I understand there are risks involved with strenuous physical exertion as part of this program, including serious injury. I certify that my child's and/or my own physical condition is satisfactory to participate in physically demanding activities. I am at least 18 years of age. I also give my permission for any photos/videos taken of participants to be used by the Town of Gilbert.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION WILL NOT BE  
PROCESSED WITHOUT SIGNATURE!**